

## **CITY OF BALCONES HEIGHTS**

3300 Hillcrest Balcones Heights, Texas 78201

## **APPLICATION FOR PEDDLERS PERMIT**

Applicants Name:	Fee: \$100.00
Date of Birth:SSN:	Drivers License #
Address:	Phone:
Description or purpose of activity:	
Company Information: (Name, Address and Phone	Number)
License Plate # of Any Vehicle Used:	
List three places where applicant has peddled in the	e last three (3) months:
PLACE/CITY	DATES
1	
2	
3	year of the date of this application? Yes No:
Have you been on probation or parole as a result of application: Yes: No:	
Has your License under this ordinance every been r	revoked? Yes: No:
If setting on private property, written persmission fro	om owner (proprety) must be attached.
Applicant's Signature	Date
SWORN and SUBSCRIBED before me, this the	day of, 20
City of Balcones Heights Use	NOTARY PUBLIC, BEXAR COUNTY, TEXAS
Received by	Reviewed/Approved by:
Date received:	Date approved:
Date Fee Paid:	Applicant contacted:
Amount Paid:	